GRANT NAME: Section 5311 (CARES Act) GRANT #: <u>G1L75</u> AMOUNT OF GRANT: \$246,951 DEPARTMENT RECEIVING GRANT: Community Development (pass through to Senior Resource Association) CONTACT PERSON: Brian Freeman PHONE #: (772) 226-1990 1. How long is the grant for? Three Years Starting Date: January 20, 2020 2. Does the grant require you to fund this function after the grant is over? Yes X No 3. Does the grant require a match? Yes X If yes, does the grant allow the match to be In Kind Services? Percentage of grant to match: NA 4. 5. Grant match amount required: \$ NA 6. Where are the matching funds coming from (i.e. In Kind Services, Reserve for Contingency? <u>NA</u> Does the grant cover capital costs or start-up costs? 7. Yes X ___No If no, how much do you think will be needed in capital costs or start-up costs? (Attach a detailed listing of costs.) 8. Are you adding any additional positions utilizing the grant funds? Yes X No If yes, please list. (If additional space is needed, please attach a schedule.) Position Acct. Description Position Position Position Position 011.12 Regular Salaries 011.13 Other Salaries & Wages (PT) 012.11 Social Security 012.12 **Retirement Contributions** Life and Health Insurance 012.13 012.14 Worker's Compensation 012.17 Soc. Sec. Medicare Matching **TOTAL** 9. What is the total cost of each position including benefits, capital, start-up, auto expense, travel, and operating? Salaries and Benefits **Operating Costs** Capital **Total Costs**

10.	What is the estimated cost of the grant to the County over five years? \$246.951
10.	what is the estimated cost of the grant to the County over five years? \$246.951

	Grant Amount	Other Matching Costs	Match	Total
First Year	\$246,951	\$	\$	\$246,951
Second Year	\$	\$	\$	\$
Third Year	\$	\$	\$	\$
Fourth Year	\$	\$	\$	\$
Fifth Year	\$	\$	\$	\$